ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St. Joseph Hospital – Fort Wayne

City: Fort Wayne County: Allen Year: 2003

Provider Type: General Acute

	I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge	
Burn Care	10	238	2,203	\$19,175	
Cardiac Intensive	8	238	1,545	\$9,415	
ICU Med/Surg	12	198	3,025	\$22,159	
ICU Neonatal	8	50	860	\$22,298	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	75	2,976	13,788	\$3,673	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	18	549	1,418	\$1,100	
Pediatric	0	0	0	\$0	

Psychiatric	10	1,173	7,457	\$5,170
Rehabilitation	29	167	1,868	\$6,136
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	21	\$0
Other Services	0	259	3,057	NA
Acute Subtotal	191	5,848	35,221	NA
Normal Newborn	20	428	932	\$970

II. Outpatient Visits				
Circulatory System	5,766	Digestive System	2,565	
Endocrine System	6,748	Injuries and Poison	8,961	
Mental Disorder	2,089	Musculoskeletal	6,550	
Neoplasms	1,231	Nervous	1,556	
Respiratory	3,293	Urinary	4,502	
Other/Unknown	34,005	Total Visits	77,266	
Number of Visits to Emerg	18,630			
Percent of Emergency Department Visits of Total Visits			24.1%	

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	Y - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
N - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	N - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

Health Care Regulatory Services

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